

ANTHEM BCBS PAYROLL DEDUCTION

City of Roanoke

Employee Name

Group No. of plan selected

DO NOT WRITE IN THIS SPACE	
Biweekly Deduction \$	Department Number
Effective Date	Social Security #

I hereby authorize my Employer, as my Agent, to deduct from my pay the prevailing Anthem Blue Cross Blue Shield rates for my contract, and to remit this amount to Anthem Blue Cross Blue Shield in payment of my subscription charges. This authorization shall continue in effect until revoked by me, except that notice of cancellation will not relieve me from payment for any month already begun.

Date

Signature of Employee